

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): R			
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):			
OWNER NAME: Nassau County Dept. of Public Works			
Address: 2 Marjorie Lane			
City: East Rockaway	State: NY	Zip: 11518	
Contact Name: Stu Cohen	Telephone: 516-476-3162		
REMOVAL CONTRACTOR: Gramercy Group Inc.			
Address: 3000 Burns Avenue			
City: Wantagh	State: NY	Zip: 11793	
Contact Name: Mr. Vincent Parziale	Telephone: 516-876-0020		
OTHER CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact Name:	Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R			
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes			
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)			
Building Name: Bay Park Sewage Treatment Plant			
Address: 2 Marjorie Lane			
City: East Rockaway	State: NY	County: Nassau	
Site Location:			
Building Size: 100,000 sf	# of Floors: 1	Age In Years: 55 Years	
Present Use: Commercial	Prior Use: Same		
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy			
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Non-friable Asbestos Material not to be removed	
		CAT I	CAT II
Linear Feet ()			UNIT LnFt: Ln M:
Surface Area (Roofing/ flashing)		29,430 SF	SqFt: X Sq M:
Vol. RACM off Facility Component			CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)	Start: 10/24/2016	Complete: 8/31/2017	
Schedules Dates Demo/Renovation (mm/dd/yy)	Start: 10/24/2016	Complete: 8/31/2017	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be performed in accordance with New York State Industrial Code Rule 56 and applicable variances. Methods will include double bagging waste for disposal purposes.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacuums and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: GWEC Leasing Corp.

Address: 3000 Burns Avenue

City: Wantagh

State: NY

Zip: 11793

Contact Name:

Telephone: 516-876-0020

WASTE TRANSPORTER #2

WASTE TRANSPORTER #3

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone: 516-876-0404

WASTE DISPOSAL SITE

Name: 110 Sand and Gravel

Location: 136 Bethpage Spagnoli Road

City: Melville

State: NY

Zip: 11747

Telephone: 631-694-2822

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Vincent Parziale
Signature of Owner/Operator

10/18/2016
Date

I certify that the above information is correct.

Vincent Parziale
Signature of Owner/Operator

10/18/2016
Date

NOTIFICATION OF DEMOLITION AND RENOVATION

ENV. PROT. AGENCY
REGION II

Operator Project #	Postmark #	Date Received	Notification #	
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled):			Original	
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)			2016 OCT 20 PM 1:42 AIR COMPLIANCE BR. <i>William</i>	
OWNER NAME :		Con Edison Co. of NY, Inc.		
address:		4 Irving Place		
City:	New York	State:	NY	Zip: 10003-3502
Contact:	William Morrison			Tel: 212 /46 01132
REMOVAL CONTRACTOR:		Pinnacle Environmental Corp.		
Address:		200 Broad Street		
City	Carlstadt	State:	NJ	Zip: 07072
Contact:	Kinsella, Raymond			Tel: 201 939 6565
OTHER OPERATOR:				
address:				
City:		State:		Zip:
Contact:				Tel:
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation):			E	
IV. IS ASBESTOS PRESENT? (Yes / No)			Y	
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)				
Bldg Name:		52 West 52 Street		
Address:		52 West 52 Street		
City	New York	State:	NY	County: New York
Site Location:		Basement		
Building Size:	400,000	# of Floors:	37	Age in Years: 56
Present Use:		Basement		
Prior Use:		Basement		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL :				
Assumed				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed		
		Cat I	Cat II	UNIT
Pipes	0	0	0	LnFt: <input checked="" type="checkbox"/> Ln m:
Surface Area	900	0	0	SqFt: <input checked="" type="checkbox"/> Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/> Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		10/13/2016		Complete: 12/01/2016
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		